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**TELECOPY TO:** COMMISSIONER FOR PATENTS

**FAX NUMBER:** (703) 872-9306

**FROM:** JOHN P. O'BANION

**RE:** 09/963,360  
WAR1394.07A

**CERTIFICATE OF FACSIMILE TRANSMISSION (37 CFR 1.8)**

I hereby certify that the enclosed:

1. TRANSMITTAL LETTER (1 PAGE)
2. PETITION FOR EXTENSION OF TIME (1 PAGE)
3. AMENDMENT (9 PAGES)

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**NUMBER OF PAGES SENT (INCLUDING COVER SHEET): 12**

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**JUN 28 2005**

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>					Docket No. <b>WAR1394.07A</b>	
Applicant(s): <b>GERALD J. WARE</b>						
Application No. <b>09/963,360</b>	Filing Date <b>NOV 21, 2001</b>	Examiner <b>GEORGE YEUNG</b>	Customer No. <b>8156</b>	Group Art Unit <b>1761</b>	Confirmation No. <b>8250</b>	
Invention: <b>DESICCATION APPARATUS AND METHOD</b>						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	23 -	61 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	2 -	11 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 <b>John P. O'Banion Reg.No. 33,201</b> <b>O'BANION &amp; RITCHEY LLP</b> <b>400 Capitol Mall, Suite 1550</b> <b>Sacramento, CA 95814</b> <b>(916) 498-1010</b>			Dated: <u>6/28/05</u> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____  <div style="text-align: center;">(Date)</div> <div style="text-align: center; margin-top: 10px;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-top: 10px;">_____ Typed or Printed Name of Person Mailing Correspondence</div> </div>			
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